

253

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181
Co. Register No. 139
Local Registrar's No. _____

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or _____
City of _____

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Roberto Jones I
Alberta Jones II
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of child M Twin and Number in order of birth 1st Legitimate? Yes Date of Birth Mar 28 1919
(Month) (Day) (Yr.)

FATHER
Full Name Gerald Jones
Residence Texas
Color or Race American Age at last Birthday 31 (Years)
Birthplace Texas
Occupation Store Keeper

MOTHER
Full Maiden Name Patricia Pachilla
Residence Miami
Color or Race Mex Age at last Birthday 28 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 4 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Mar 28 1919, at 4209 N. 4th St.
* (When there is no attending physician or midwife, then the householder should make the return.)
(Signature) Charles E. Jones
(Attending physician, midwife, householder, etc.)

Given or child's name added from a _____
Address Miami
Supplemental report _____ 1919
Filed March 30 1919
A True Copy
Filed Apr 5 1919
COUNTY REGISTRAR. W. B. Brayton
COUNTY REGISTRAR. B. G. S. S. S.

912-28-771